



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JAN 20 2014

Mr. Craig Anlauf, President/CEO  
The Palms at O'Neil, Inc.  
1 Glenshire Lane  
McKeesport, Pennsylvania 15132

RE: The Palms at O'Neil  
License #: 439640

Dear Mr. Anlauf:

As a result of the Department of Public Welfare's licensing inspection on November 12, 2013 and November 13, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 1, 2014 to March 1, 2015 was issued on December 18, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

|  |                        |  |
|--|------------------------|--|
| PCH Name: THE PALMS AT O NEIL  |                        | License Number: 43964  |
| Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132  |                        | County: Allegheny  |
| Administrator: Stephanie Brenner   |                        | Region: WEST   |
| Legal Entity Name: THE PALMS AT O NEIL INC   |                        |  |
| Legal Entity Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132   |                        | <b>RECEIVED</b>  |
| Certificate(s) of Occupancy<br>I-1<br>10/22/2013<br>City of McKeesport   |                        | DEC 6 2013<br><b>WEST REGION FIELD OFFICE<br/>Human Services Licensing</b>   |
| Staffing Hours   |                        |  |
| Resident Support: N/A  | Total Daily Staff: 102 | Waking Staff: 77   |
| Type of Inspection: Full   | BHA Docket Number: N/A | Notice: Unannounced  |
| Reason(s) for Inspection(s)<br>Renewal, Incident   |                        |  |
| On-Site Inspections Dates and Department Representatives On-Site<br>11/12/2013: Mazza, Larry; Rosol, Jennifer<br>11/13/2013: Mazza, Larry  |                        |  |
| Off-Site Inspection Dates and Inspectors, if Applicable  |                        |  |
| Other Details  |                        |  |
| Partial or Full Triggers: N/A  |                        | Random Indicators: N/A   |
| Resident Demographic Data as of Inspection Dates   |                        |  |
| Licensed Capacity: 116<br>Number of Residents Served: 75<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 12<br>Number of Hospice Residents in past year: 34 |                        | Number of Residents who:<br>Receive Supplemental Security Income: 4<br>Are 60 Years of Age or Older: 72<br>Have Mental Illness: 1<br>Have an Intellectual Disability: 1<br>Have a Mobility Need: 27<br>Have a Physical Disability: 4 |

Stephanie Brenner- Administrator

12/5/13

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DEC 11 2013

Violation Report: 43964 - 11/12/2013 - Mazza, Larry  
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered blood sugar checks 4 times daily at 8:00 AM, 12:00 PM, 5:00 PM and 8:00 PM. He/she is ordered a sliding scale of Humalog-100u/ml at 8:00 AM as follows:

- \* <70=0 units
- \* 71-79=5 units
- \* 80-120=10 units
- \* 121-160=12 units
- \* 161-200=14 units
- \* 201-240=16 units
- \* 241-280=18 units
- \* >281=20 units

Also, resident #1 is ordered a sliding scale of Humalog-100u/ml at 12:00 PM as follows:

- \* <70=0 units
- \* 71-79=8 units
- \* 80-120=16 units
- \* 121-160=18 units
- \* 161-200=20 units
- \* 201-240=22 units
- \* 241-280=24 units
- \* >281=26 units

On 11/10/13 at 8:00 AM and 12:00 PM, resident #1's blood sugars were not checked. This medication error was not reported to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The supplies were ordered by the home prior to the supplies running out, however due to insurance the request was not approved stating it was too early to re-order the supplies. The supplies were again re-ordered in the evening on 11/9/13 and were in the home before 2pm on 11/10/13. Due to the necessity to re-check blood sugars more frequently than the MD specified; the home will obtain PRN orders from the MD to keep additional supplies in the home to avoid this recurring on all insulin-dependent residents. The home will also attempt to have the family pay out-of-pocket for these supplies and/or contact the MD to discontinue the medication until the supplies can be re-ordered. In addition, the insulin was in the cart and available on both of these days. The Director of Resident Care will undergo onsite re-training to ensure compliance of reporting medication errors according to the Department of Public Welfare regulations. The Director of Resident Care will also run a report daily and monitor any unavailable supplies and report to the administrator to monitor as well. Periodical checks of this log will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Stephanie Brenner- Administrator      Date 12/5/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/4/13  
(Date)

Plan of correction implementation status as of 12/4/13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by MS  
(Initials)

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DEC 6 5 2013

Violation Report: 43964 - 11/12/2013 - Mazza, Larry  
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 11/12/13 at 1:40 PM, a tube of Ultra-Strength Ben-Gay, with a manufacturer's label indicating, "If swallowed, get medical help or contact a Poison Control Center," was unlocked and accessible to residents on resident #2's nightstand. Not all residents of the home, including resident #2, have been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

It is the policy of The Palms and The Palms Resident Home contract to keep all poisonous materials in locked cabinets and areas. Resident #2 resided in a private room. After interviewing Resident #2 she stated she bought this item on her own and would keep it in her drawer. Resident has been assessed to be alert and orientated with no problem. She states she would use the OTC Ben-Gay as needed for minor pain on her left knee. Resident admitted to knowing she was in violation of the home rules and would hide this item in her drawer. Staff has been re-educated to monitor all areas of the facility for poisonous materials. All department heads will monitor their area daily to ensure compliance with this policy.

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

*Resident #2 no longer resides at the facility. MS 12/24/13*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Stephanie Brenner- Administrator

Date 12/5/13

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(Date)

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(Date)

- Fully Implemented
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- Not Implemented

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(Initials)

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DEC 05 2013

Page 4 of 9

Violation Report: 43964 - 11/12/2013 - Mazza, Larry  
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
Resident #3 was admitted to the home on 7/18/12; however, the medical evaluation was not completed until 9/4/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Director of Resident Care will undergo onsite training to ensure compliance of all medical evaluations. The Director of Nursing will conduct these classes and re-educate the Director of Resident Care on how to correctly complete documentation required by the Department of Public Welfare. All medical evaluations have been audited by administration. The Director of Nursing will continue to monitor the Director of Resident Care until they can correctly and accurately complete the information required by DPW. The Director of Nursing will assist the administrator for a period of six months of reviews. Quarterly checks of all medical evaluations will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

|  |                                   |  |                 |
|--|-----------------------------------|--|-----------------|
| Repeat Violation: No   | Date(s) of Previous Violation(s): |  |                 |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)   |                                   |  |                 |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Stephanie Brenner- Administrator |                                   |  | Date<br>12/5/13 |

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|  |  |
|--|--|
| The above plan of correction is approved as of <u>12/24/13</u><br>(Date) | Plan of correction Implementation status as of <u>12/24/13</u><br>(Date)   |
| The above plan of correction was approved by <u>MS</u><br>(Initials)     | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

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Violation Report: 43964 - 11/12/2013 - Mazza, Larry  
PCH Name: THE PALMS AT O NEIL

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

DEC 05 2013  
WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
A medical evaluation for resident #4 was completed on 3/11/12; however the next medical evaluation for this resident was not completed until 6/5/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1 was evaluated by an MD on 3/11/12. DME date completed is 6/26/12. Resident was seen by MD on 11/19/12 and 6/5/13 when annual DME was due. Therefore the DME was completed annually for the resident and the resident was seen bi-annually by a MD. Please see attached documentation.

This home misinterpreted this regulation and did not realize the resident physically needed to be seen by a physician annually and was following the annual date by "the date completed" section on the DME. The home was completing the forms in the correct time frame according to the dates completed. All medical evaluations have been audited by administration. The Director of Resident Care has completed retraining to ensure compliance with all medical evaluations. A new tracking system has been put into place to assure compliance with all future admissions and annuals. The administrator will review all future admissions and monitor the Director of Resident Care to ensure completion within 60 days prior to or 30 days after an admission. Documentation of this will be kept and become part of the home's Quality Management Plan.

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

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Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
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Stephanie Brenner- Administrator      12/5/13

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(Date)

Plan of correction implementation status as of 12/24/13  
(Date)

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(Initials)

- Fully implemented
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- Not Implemented

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Page 6 of 9

Violation Report: 43964 - 11/12/2013 - Mazza, Lary  
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered blood sugar checks 4 times daily at 8:00 AM, 12:00 PM, 5:00 PM and 8:00 PM. He/she is ordered a sliding scale of Humalog-100u/ml at 8:00 AM as follows:

- \* <70=0 units
- \* 71-79=5 units
- \* 80-120=10 units
- \* 121-160=12 units
- \* 161-200=14 units
- \* 201-240=16 units
- \* 241-280=18 units
- \* >281=20 units

Also, resident #1 is ordered a sliding scale of Humalog-100u/ml at 12:00 PM as follows:

- \* <70=0 units
- \* 71-79=8 units
- \* 80-120=16 units
- \* 121-160=18 units
- \* 161-200=20 units
- \* 201-240=22 units
- \* 241-280=24 units
- \* >281=26 units

On 11/12/13, an opened bottle, of Humalog insulin belonging to resident #1, was dated with a "9" on the box. It is unable to be determined when the insulin was opened. The manufacturer's instructions indicate the medication is to be discarded 28 days after opening.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It is the policy of the home to date and label all medications as required. The Director of Resident Care and Medication Administration Aides will undergo onsite re-training to ensure compliance with correctly and clearly labeling insulin with date opened information. The Director of Nursing will conduct these classes and re-educate on how to correctly complete documentation required by the Department of Public Welfare. The Director of Nursing will assist the administrator for a period of six months of reviews. The Director of Resident Care will conduct monthly cart reviews to ensure compliance. Documentation of this will be kept and become part of the home's Quality Management plan. This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Stephanie Brenner- Administrator      Date      12/5/13

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(Date)

Plan of correction implementation status as of 12/24/13  
(Date)

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(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

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DEC 6 5 2013

Violation Report: 43984 - 11/12/2013 - Mazza, Larry  
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed, "Clonazepam-0.5mg-Take 1 tablet by mouth 4 times daily as needed." The November 2013 medication administration record (MAR), includes initials of 3 staff persons administering the medication on 11/10/13. However, there were only 2 administration times documented which were 6:25 PM and 9 PM.

Also, resident #3's MAR includes initials of 2 staff persons administering Clonazepam on 11/11/13. However, there was only 1 administration time documented which was 12:30 AM.

Staff member A indicated he/she administered Clonazepam to resident #3 at approximately 10:45 AM on 11/12/13; however, as of 3:45 PM, this staff person had not initialed the MAR indicating the medication had been administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It is the policy of the home to record medication at the time it is administered. All Medication Administration Aides including Staff Member A will undergo onsite re-training with the Director of Nursing to ensure compliance with medication administration and documentation on procedures per DPW regulations along with internal disciplinary actions. The Director of Resident Care will run a report daily to monitor any incorrect documentation and report it to the administrator. Documentation of this will be kept and become part of the home's Quality Management plan. This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Stephanie Brenner- Administrator      Date      12/5/13

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The above plan of correction is approved as of 12/24/13 (Date)      Plan of correction implementation status as of 12/24/13 (Date)

The above plan of correction was approved by MS (Initials)

Fully Implemented  
 Partially Implemented - Adequate Progress MS  
 Partially Implemented - Inadequate Progress  
 Not implemented

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Violation Report: 43964 - 11/12/2013 - Mazza, Larry  
PCH Name: THE PALMS AT O NEIL

DEC 05 2013

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered blood sugar checks 4 times daily at 8:00 AM, 12:00 PM, 5:00 PM and 8:00 PM. He/she is ordered a sliding scale of Humalog-100u/ml at 8:00 AM as follows:

- \* <70=0 units
- \* 71-79=5 units
- \* 80-120=10 units
- \* 121-160=12 units
- \* 161-200=14 units
- \* 201-240=16 units
- \* 241-280=18 units
- \* >281=20 units

Also, resident #1 is ordered a sliding scale of Humalog-100u/ml at 12:00 PM as follows:

- \* <70=0 units
- \* 71-79=8 units
- \* 80-120=16 units
- \* 121-160=18 units
- \* 161-200=20 units
- \* 201-240=22 units
- \* 241-280=24 units
- \* >281=26 units

On 11/10/13 at 8:00 AM and 12:00 PM, resident #1's blood sugars were not checked in accordance with prescriber's orders, so it is unable to be determined if insulin coverage would have been required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The supplies were ordered by the home prior to the supplies running out, however due to insurance the request was not approve stating it was too early to re-order the supplies. The supplies were re-ordered in the evening on 11/9/13 and were in the home before 2pm on 11/10/13. Due to the necessity to re-check blood sugars more frequently than the MD specified; the home will obtain PRN orders from the MD to keep additional supplies in the home to avoid this reoccurring on all insulin-dependent residents. The home will also attempt to have the family pay out of pocket for these supplies and/or contact the MD to discontinue the medication until the supplies can be re-ordered. In addition, the insulin was in the cart and available on both of these days. The Director of Resident Care will undergo onsite re-training to ensure compliance of following directions of the prescriber according to the Department of Public Welfare regulations. The Director of Resident Care will also run a report daily and monitor any unavailable supplies and report to the administrator to monitor as well. Periodical checks of this log will be part of the Quality Assurance Program to ensure compliance and will be checked by the facility administrator.

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date

Stephanie Brenner- Administrator

12/5/13

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|  |                           |  |
|--|---------------------------|--|
| The above plan of correction is approved as of | <u>12/24/13</u><br>(Date) | Plan of correction implementation status as of <u>12/24/13</u><br>(Date)   |
| The above plan of correction was approved by   | <u>MS</u><br>(Initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

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DEC 05 2013

Violation Report: 43954 - 11/12/2013 - Mazza, Lary  
PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION  
Staff member B has not completed a Department-approved diabetes patient education program. However, this staff member administered insulin to resident #1 as follows:

- \* 12 units of Humalog at 8:00 AM on 11/2/13
- \* 16 units of Humalog at 12:00 PM on 11/2/13
- \* 40 units of Lantus at 8:00 AM on 11/2/13

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff member B was immediately suspended on 11/12/13 from administering any insulin and glucometer related procedures until the correct training was completed. On 11/19/13 Staff member B completed diabetic patient education program training. Please see attached documentation. The home will also repeat diabetic training in January 2014 for all current Medication Administration Aides to ensure compliance with 2014 Staff Training. Moving forward all future Medication Administration Aides will complete the DPW required diabetic patient education program prior to administering any insulin and glucometer related procedures. This will also become part of the home's QM to ensure compliance in the future.

This concludes the homes statement, anything else added is not a part of TPAO Plan of Correction.

*Immediately - staff will not administer insulin until a department approved medication course has been completed that includes the passing of a written performance based competency test within the past 2 years. Training shall be current as outlined under the regulation.*  
ms  
12/24/13

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
Stephanie Bjenner- Administrator      12/5/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/4/13 (Date)      Plan of correction implementation status as of 12/24/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *ms*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by ms (Initials)